

Wyandot County Health Department
Permit to Operate a Household Disposal System

No.: _____
 \$95.00: _____

Property Owner _____ is hereby granted a permit to install, extend, or modify a household sewage disposal system located at:

_____			Address	Type of System <input type="checkbox"/> Leach and Tile Field <input type="checkbox"/> Sub-Surface Sand Filter <input type="checkbox"/> Other _____
Township	City	Zip		

I Agree to construct, install, and operate the household sewage disposal system in accordance with the rules adopted by the Wyandot County General Health District. I understand that the Health Commissioner, or his designated agent, may inspect the household sewage disposal system or any part thereof at any reasonable time. Aerator systems by design must be maintained annually. I hereby agree to do my own maintenance or hire it done annually. Failure to do so will result in litigation if any nuisance is created.

This permit only signifies approval for the installation, extension, or modification of a household sewage disposal system. Inspection and/or approval of the system does not guarantee that the system will continue to function as designated in the future. Nor does the inspection and/or approval of the system guarantee that the system will not fail. I acknowledge that this permit will expire in one (1) year from the date of issuance. I further agree to call the Health Department at least twenty-four (24) hours in advance of the system being covered. I understand that this permit may be revoked at any time for failure to comply with the provisions of the regulations.

_____		_____	
Signature (Property Owner)		Applicant Signature (Other Than Property Owner)	
_____		_____	
Address		Applicant's Address	
_____		_____	
Township		Phone Number	Date
_____		_____	
City	Zip	<u>Installers Information:</u>	
_____		Name: _____	
_____		Address: _____	
Phone Number	Date	_____	
_____		_____	

Office Use Only:

Lot Inspection: _____

Approved Disapproved

Final Inspection: _____

Approved Disapproved

Sanitarian: _____